

CITY OF MILWAUKEE DISEASE MANAGEMENT COPAY REIMBURSEMENT
UnitedHealthcare Choice \$10 COPAY REIMBURSEMENT FORM
FOR PHYSICIAN VISIT WITH HgBA1C - RELATED TO DIABETES

The UnitedHealthcare Choice plan will provide a reimbursement of the plan's \$10 copay for members with diabetes who are seeing their physician, working to manage the diabetes, and having blood levels checked. UnitedHealthcare will reimburse up to four office visit co-payments of \$10 each, based on the medical need of the member to have their blood levels checked (HgB A1C) by a physician during the year, as part of a disease management co-pay waiver.

Members are required to complete the lower portion of this form and send it directly to UnitedHealthcare:

I am enrolled in the UnitedHealthcare Choice plan in **2010** offered through the City of Milwaukee. My plan includes a \$10 co-payment for physician office visits. I may be eligible for reimbursement of the \$10 co-pay for office visits requiring a hemoglobin A1C test to manage my diabetes. I understand that my physician and I need to sign this form and send it to UnitedHealthcare to facilitate the reimbursement.

Employer Name: **City of Milwaukee** Policy Number: **712481**

UnitedHealthcare Subscriber ID Number:		
Member Name:		
Member's Relationship to the City of Milwaukee Employee:		
Physician's Name:		
Date of Office Visit(s) for HgB A1C Test:		
Member's Signature:	Date:	
Physician's Signature:	Date:	

Mail completed reimbursement form to:

UnitedHealthcare
ATTN: Andrew Habermann
3500 Destination Drive STE 300
Appleton, WI 54915-7305